



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
WASHINGTON, D.C. 20460

OFFICE OF
AIR AND RADIATION

MAY 28 1992

MEMORANDUM

SUBJECT: Oxygenated Gasoline Registration and Reporting Forms

FROM: Alfonse S. Mannato, Chief *Al Mannato*
Regional/State/Local Coordination Section

TO: State Oxygenated Gasoline Contacts

Please find enclosed copies of the registration and reporting forms we have developed for use in oxygenated gasoline programs. These forms have been developed for use with the recordkeeping database which was first demonstrated at the NAMVEC conference in Phoenix on May 13, 1992. Please let us know if you have any comments or suggestions concerning the design of these forms. Please contact Meredith Miller of my staff on (202)233-9031 with your questions or ideas. We plan to have both the forms and the database finalized and ready for distribution at **the Oxygenated Gasoline Workshops** which will be held at the end of July. Therefore, your comments are requested by June 12, 1992.

The dates and cities for the oxygenated gasoline implementation workshops are:

July 23 - Chicago
July 28 - Seattle
July 30 - Philadelphia

Please mark your calendars! We will send more information regarding these workshops shortly.



Oxygenated Fuels Program - Registration

Company and Control Area Information

1. Company Name:	<input type="text"/>			2. CAR ID#	<input type="text"/>
3. Address:	<input type="text"/>			For state agency use only	
4. City:	<input type="text"/>	5. State:	<input type="text"/>	6. ZIP:	<input type="text"/>
7. Contact Person:	<input type="text"/>	8. Tel. #:	<input type="text"/>		
9. Control Area:	<input type="text"/>	10. Control Period From:	<input type="text"/>	11. To:	<input type="text"/>

Compliance Option

By choosing to comply on a per gallon basis, a party must meet a minimum oxygen content of 2.7% by weight for every gallon of gasoline dispensed or sold in the control program area during the control period. A party may not begin to average or trade oxygen content units without first applying to the state in which averaging or trading of oxygen content units will occur and receiving a Control Area Responsible Party (CAR) ID# from the state. Gasoline dispensed or sold at a time when a party is not a registered CAR is not subject to averaging or oxygen content unit trading even if that party becomes a registered CAR at a later time.

By choosing to comply by averaging, a CAR must meet an average of 2.7% oxygen by weight and a minimum of 2.0% oxygen by weight for gasoline dispensed or sold in the oxygenated fuels program control area for each averaging period. A CAR may not trade oxygen content units outside of the control area or any single averaging period.

12. Will you comply on a per gallon basis or by averaging?

<input type="checkbox"/>	<input type="checkbox"/>
per gallon	average

Facility Information

13. Facility Name:	<input type="text"/>			14. Facility ID#	<input type="text"/>
15. Address:	<input type="text"/>			For state agency use only	
16. City:	<input type="text"/>	17. State:	<input type="text"/>	18. ZIP:	<input type="text"/>
19. Contact Person:	<input type="text"/>	20. Tel. #:	<input type="text"/>		
21. Volume gasoline dispensed/sold during same period in previous year:	<input type="text"/>				
Planned oxygenate usage this year:	<input type="text"/>	<input type="text"/>			
	22. oxygenate	23. gallons of blend			
	<input type="text"/>	<input type="text"/>			
	22. oxygenate	23. gallons of blend			

If more space is required check here ☐ and use a continuation sheet.

To the best of my knowledge, the information provided above is accurate and complete. I understand that I may be subject to substantial penalties for falsifying any information provided. I have read the statements above and understand the requirements of the compliance option I have selected.

_____ signature	25. _____ date
24. _____ type or print signator's name	

Oxygenated Fuels Program - Registration (continued)

Company and Control Area Information

1. Company Name:
9. Control Area: 10. Control Period From: 11. To:

Facility Information (continued)

13. Facility Name: 14. Facility ID#
For state agency use only
15. Address:
16. City: 17. State: 18. ZIP:
19. Contact Person: 20. Tel. #: ()
21. Volume gasoline dispensed/sold during same period in previous year:
Planned oxygenate usage this year:
22. oxygenate 23. gallons of blend

22. oxygenate 23. gallons of blend

13. Facility Name: 14. Facility ID#
For state agency use only
15. Address:
16. City: 17. State: 18. ZIP:
19. Contact Person: 20. Tel. #: ()
21. Volume gasoline dispensed/sold during same period in previous year:
Planned oxygenate usage this year:
22. oxygenate 23. gallons of blend

22. oxygenate 23. gallons of blend

Oxygenated Fuels Program - Averaging Period Summary

CAR Information

1. CAR Name: 2. CAR ID#:
3. Address:
4. City: 5. State: 6. ZIP:

Control Area Information

7. Control Area: 8. Averaging Period From: 9. To:

Gasoline Volumes (gallons)

10. Stocks at beginning of averaging period	<input type="text"/>
11. Total Production	<input type="text"/>
12. Total received from others	<input type="text"/>
13. Total transferred to others in this control area	<input type="text"/>
14. Total transferred to others, dispensed or sold outside control area	<input type="text"/>
15. Total dispensed or sold in control area (from box 12 on Worksheet A)	<input type="text"/>
16. Stocks at end of averaging period	<input type="text"/>

Oxygen Content Units

17. Required oxygen content units (line 15 x 2.7)	<input type="text"/>
18. Oxygen content units generated (from box 13 on Worksheet A)	<input type="text"/>
19. Oxygen content units bought (from box 10 on Worksheet B)	<input type="text"/>
20. Oxygen content units sold (from box 11 on Worksheet B)	<input type="text"/>
21. Total oxygen content units (line 18 + line 19 - line 20)	<input type="text"/>
22. Compliance calculation (line 21 - line 17)	<input type="text"/>

To the best of my knowledge, the information provided above is accurate and complete. I understand that entry 21 must be greater than or equal to zero in order for me to be in compliance with the provisions of the Oxygenated Fuels Program.

signature

23. _____
type or print signator's name

24. _____
date

25. _____
telephone #

1. CAR Name:		2. CAR ID#:	
3. Facility Name:			4. Fac. ID#:
5. Control Area:		6. Averaging Period From:	
		7. To:	

[illegible]

[illegible]

Winter Oxygenated Fuels Program
Instructions - Registration Form

General Instructions: Every party who wishes to dispense or sell gasoline in a winter oxygenated fuels program area (control area) for which the state allows the option of averaging oxygen content by percent weight and the trading of excess oxygen content units (credits) must fill out this form. One form should be used for each control area a party will operate in. While the form briefly describes the two compliance options of the program, every party should read the federal guidelines and any applicable state regulations pertaining to each winter oxygenated fuels program. Parties choosing to comply by averaging will be issued a Control Area Responsible Party (CAR) ID# by the state(s) in which they will operate. No averaging or trading of oxygen content units may occur prior to registration with the state(s) and receipt of a CAR ID#.

Field Specific Instructions:

Company and Control Area Information

1. Company Name: The name of the company. In the case of a subsidiary, if the parent company will be responsible for ensuring compliance use the parent company's name otherwise use the subsidiary's name.

2. CAR ID#: FOR STATE USE ONLY. DO NOT FILL IN.

3. to 6. Company Address, City, State and ZIP: The street or post box address, city, state and postal zip code where the company offices are located.

7. Contact Person: The individual who has primary responsibility for ensuring compliance with the state regulations.

8. Contact Person Telephone Number: The telephone number, including area code, of the Contact Person.

9. Control Area: Two digit code indicating the control area in which the company is registering.

Control Area Codes:

01 - Fairbanks, AK	14 - Modesto, CA	27 - Duluth, MN-WI
02 - Anchorage, AK	15 - Fresno, CA	28 - Minneapolis-St. Paul, MN
03 - Seattle-Tacoma, WA	16 - L.A.-Anaheim-Riverside, CA	29 - Memphis, TN-AR-MS
04 - Spokane, WA	17 - San Diego, CA	30 - Cleveland-Akron-Lorain, OH
05 - Missoula, MT	18 - Reno, NV	31 - Syracuse, NY
06 - Portland-Vancouver, OR-WA	19 - Las Vegas, NV	32 - Boston-Lawrence-Salem, MA-NH
07 - Grant's Pass, OR	20 - Provo-Orem, UT	33 - Hartford-New Brit-Middletown, CT
08 - Medford, OR	21 - Ft. Collins-Loveland, CO	34 - NYC-N.NJ-L.I., NY-NJ-CT
09 - Klamath County, OR	22 - Denver-Boulder, CO	35 - Phila-Wilm-Trenton, PA-NJ-DE-MD
10 - Chico, CA	23 - Colorado Springs, CO	36 - Baltimore, MD
11 - Sacramento, CA	24 - Phoenix, AZ	37 - Washington, DC-MD-VA
12 - San Fran.-Oakland-San Jose, CA	25 - Albuquerque, NM	38 - Greensboro-Winst-Salem, SC
13 - Stockton, CA	26 - El Paso, TX	39 - Raleigh-Durham, NC

10. & 11. Control Period From and To: The start and end dates (mm/dd/yy) of the control period.

12. Compliance Option: Check either "per gallon" or "average".

Facility Information Section

Fill in for each facility that the company will operate in the indicated control area. If more than one facility will be operated, type the information on a continuation form. Please fill this section in even if the facility name and address are the same as the company information.

13. Facility Name: Name of the facility.

14. Facility ID#: FOR STATE USE ONLY. DO NOT FILL IN.

15. to 18. Facility Address, City, State and ZIP: The street address, city, state and postal zip code where the facility is located. Post box addresses are not acceptable.

19. Contact Person: The individual who has primary responsibility for operating the facility.

20. Contact Telephone Number: The telephone number, including area code, of the facility contact person.

21. Volume of gasoline dispensed or sold during the same period in the previous year: This should be the best estimate of the volume of gasoline, in gallons, sold by this facility in the indicated control area during the period in the previous year equivalent to the control period.

22. Oxygenate: The name of the oxygenate(s) to be used for blending at this facility. Please use one of the four letter abbreviations that follow: MTBE, ETOH (ethanol), ETBE, MECH (methanol), TAME.

23. Gallons of Blend: The projected volume, in gallons, of each blend to be dispensed or sold from the facility during this year's control period.

24. Signator's Name: Type or print the name of the person who signed the form.

25. Date: The date on which the form was signed.

Oxygenated Fuels Program
Instructions - Averaging Period Summary Form

General Instructions: Every Control Area Responsible Party (CAR) registered in a control area during an averaging period must submit a report of his activities within 30 days following the end of the averaging period. The report is comprised of three forms: 1) Averaging Period Summary; 2) Worksheet A: Oxygen Content Units Generation; and 3) Worksheet B: Credit Transactions.

Item Specific Instructions

1. CAR Name: The company name of the CAR should be entered exactly as reported on the registration form.
2. CAR ID#: The four digit CAR ID# that was assigned to the CAR by the state.
3. to 6. Address, City, State & ZIP: The address, city, state and postal zip of the CAR (as reported on the registration form).
7. Control Area: The two digit code for the control area (see table below.)

Control Area Codes:

01 - Fairbanks, AK	14 - Modesto, CA	27 - Duluth, MN-WI
02 - Anchorage, AK	15 - Fresno, CA	28 - Minneapolis-St. Paul, MN
03 - Seattle-Tacoma, WA	16 - L.A.-Anaheim-Riverside, CA	29 - Memphis, TN-AR-MS
04 - Spokane, WA	17 - San Diego, CA	30 - Cleveland-Akron-Lorain, OH
05 - Missoula, MT	18 - Reno, NV	31 - Syracuse, NY
06 - Portland-Vancouver, OR-WA	19 - Las Vegas, NV	32 - Boston-Lawrence-Salem, MA-NH
07 - Grant's Pass, OR	20 - Provo-Orem, UT	33 - Hartford-New Brit-Middletown, CT
08 - Medford, OR	21 - Ft. Collins-Loveland, CO	34 - NYC-N.J.-L.I., NY-NJ-CT
09 - Klamath County, OR	22 - Denver-Boulder, CO	35 - Phila-Wilm-Trenton, PA-NJ-DE-MD
10 - Chico, CA	23 - Colorado Springs, CO	36 - Baltimore, MD
11 - Sacramento, CA	24 - Phoenix, AZ	37 - Washington, DC-MD-VA
12 - San Fran.-Oakland-San Jose, CA	25 - Albuquerque, NM	38 - Greensboro-Winst-Salem, SC
13 - Stockton, CA	26 - El Paso, TX	39 - Raleigh-Durham, NC

8. & 9. Averaging Period From and To: The date of the first and last days of the averaging period, in mm/dd/yy format.
10. Stocks at beginning of averaging period: Total volume of gasoline (including blends), in gallons, on hand at the beginning of the averaging period.
11. Total Production: Total volume of gasoline (including blends), in gallons, produced during the averaging period. This can be due to refining or volume produced by blending.
12. Total received from other sources: Total volume of gasoline (including blends), in gallons, received from other CAR's, other facilities that are not CAR's, imports, etc.
13. Total transferred to other CARs in this control area: Total volume of gasoline (including blends), in gallons, physically delivered into the possession of other CARs in the control area.
14. Total dispensed/sold outside of control area: Total volume of gasoline (including blends), in gallons, dispensed or sold to anyone operating outside of the control area.
15. Total dispensed/sold in control area: This amount should be the same as box 12 (or the sum of all box 12's if multiple facilities) on Worksheet A. This is the total volume of gasoline, in gallons, dispensed or sold to consumers in the control area.
16. Stocks at end of averaging period: Total volume of gasoline (including blends), in gallons, on hand at the end of the averaging period.
17. Required oxygen content units: Multiply line 15 by 2.7 and enter the result here. The result should be rounded to the nearest whole number, rounding .5 to .9 in the tenths place to the next highest integer.
18. Oxygen content units generated: This amount should be the same as box 13 on Worksheet A. The number of oxygen content units generated during the averaging period.
19. Oxygen content units bought: This amount should be the same as box 10 on Worksheet B. The number of excess oxygen content units (credits) you bought from other CARs in this control area, during the averaging period or in the fifteen days following the averaging period. PLEASE NOTE: it is your responsibility to verify the validity of credits bought from another CAR.
20. Oxygen content units sold: This amount should be the same as box 11 on Worksheet B. The number of excess oxygen content units (credits) you sold to other CARs in this control area, during this averaging period. A CAR may sell only as many credits as he has excess oxygen content units generated by sales up to the date of the credit transaction.
21. Total oxygen content units: Add line 18 and line 19 and subtract line 20. Enter the result here.
22. Compliance calculation: Subtract line 17 from line 21 and enter the result here. If the value is greater than or equal to zero then the CAR is in compliance. If the value is less than zero the CAR is out of compliance.
23. to 25. Signator's name, date and telephone #: Type or print name of person signing, date signed and telephone number.

Oxygenated Fuels Program
Instructions - Worksheet A; Oxygen Content Units Generation

General Instructions: This worksheet must be completed and submitted with your averaging period summary report. Start on a new page for each facility being reported. If more space is needed, continue on additional pages.

1. CAR Name: The name of the Control Area Responsible Party (CAR) making the report.

2. CAR ID#: The CAR ID# assigned by the state.

3. Facility Name: The name of the facility, as registered, from which the sales being reported were made.

4. Facility ID#: The facility ID# assigned by the state.

5. Control Area: The two digit code for the control area (see the table below.)

Control Area Codes:

01 - Fairbanks, AK	14 - Modesto, CA	27 - Duluth, MN-WI
02 - Anchorage, AK	15 - Fresno, CA	28 - Minneapolis-St. Paul, MN
03 - Seattle-Tacoma, WA	16 - L.A.-Anaheim-Riverside, CA	29 - Memphis, TN-AR-MS
04 - Spokane, WA	17 - San Diego, CA	30 - Cleveland-Akron-Lorain, OH
05 - Missoula, MT	18 - Reno, NV	31 - Syracuse, NY
06 - Portland-Vancouver, OR-WA	19 - Las Vegas, NV	32 - Boston-Lawrence-Salem, MA-NH
07 - Grant's Pass, OR	20 - Provo-Orem, UT	33 - Hartford-New Brit-Middletown, CT
08 - Medford, OR	21 - Ft. Collins-Loveland, CO	34 - NYC-N.J.-L.I., NY-NJ-CT
09 - Klamath County, OR	22 - Denver-Boulder, CO	35 - Phila-Wilm-Trenton, PA-NJ-DE-MD
10 - Chico, CA	23 - Colorado Springs, CO	36 - Baltimore, MD
11 - Sacramento, CA	24 - Phoenix, AZ	37 - Washington, DC-MD-VA
12 - San Fran.-Oakland-San Jose, CA	25 - Albuquerque, NM	38 - Greensboro-Winst-Salem, SC
13 - Stockton, CA	26 - El Paso, TX	39 - Raleigh-Durham, NC

6. & 7. Averaging Period From and To: The dates, in mm/dd/yy format, of the first and last days of the averaging period.

8. Date: The date of the transaction being reported.

9. Volume Dispensed/Sold: The volume of gasoline, in gallons, dispensed or sold to a consumer within the control area. Report only one transaction per line.

10. Wt.% Oxygen: The % oxygen, by weight, of the fuel at the time of sale. This could be calculated or tested. The value reported here should be rounded to the nearest one hundredth of a percent (i.e. 2.42). Values in the thousandths place of 5 or greater should be rounded to the next highest hundredth. Values 0 to 4 should be rounded down (i.e. 3.485 = 3.49, 3.347 = 3.35, 2.782 = 2.78).

11. Oxygen Content Units: The product of 9. multiplied by 10. This value should be rounded to the nearest whole unit. Values in the tenths place of 5 or more should be rounded up to the next unit. Values from 0 to 4 should be rounded down (i.e. 1056.32 = 1056, 5342.57 = 5343, 8132.48 = 8132).

12. Total Volume: The sum of all the volumes reported. In the event that more than one page is needed for a facility, cross out this box for all but the last page for that facility. Write the subtotal for all transactions at a facility on the last page for each facility. Report the total for all facilities on line 15 of the Averaging Period Summary.

13. Total Oxy Units: The total of all the oxygen content units generated. In the event that more than one page is needed for a facility, cross out this box for all but the last page for that facility. Write the subtotal for all transactions at a facility on the last page for each facility. Report the total for all facilities on line 17 of the Averaging Period Summary.

